MCDB Encounter File Processing
January 2007 - April 2008 Data

P870: United Healthcare of the Mid-Atlantic Inc.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report

Eligible Services: 239,932

Services Submitted: 239,932

Source File: P870_enc5_dc_crunch.sas7bdat

File Date: December 5, 2008

Delivery System	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)	8,425	16,910	100.7	163,180	239,932	47.0	13,470,547	16,941,109	25.8
2: PPO-POS									
3: PPO or Other Managed Care									
4: Indemnity Care									
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	**8,425**	**16,910**	**100.7**	**163,180**	**239,932**	**47.0**	**13,470,547**	**16,941,109**	**25.8**

Plan[2]	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO									
HMO Fee for Service	8,205	16,277	98.4	151,232	225,085	48.8	12,946,173	15,861,891	22.5
HMO Capitated	495			6,434					
Medicare, All Types	13	227	1646.2	169	4,938	2821.9	7,583	269,126	3449.1
No Plan Assigned	176	446	153.4	5,345	9,909	85.4	516,791	810,092	56.8
Total	**8,425**	**16,910**	**100.7**	**163,180**	**239,932**	**47.0**	**13,470,547**	**16,941,109**	**25.8**

Coverage Type	Number of Recipients[1]			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental	29	278	858.6	420	6,237	1385.0	17,599	352,573	1903.4
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins									
4: Private Employer Sponsored Insured	8,412	16,672	98.2	162,760	233,695	43.6	13,452,948	16,588,536	23.3
5: Public Employee									
6: Comprehensive Standard Health Benefit Plan									
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	**8,425**	**16,910**	**100.7**	**163,180**	**239,932**	**47.0**	**13,470,547**	**16,941,109**	**25.8**

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NOTES:

[1] Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
  Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

[2] Rules for categorizing services into a PLAN:

  Non-HMO
    1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
      a. Coverage Type (COVTYPE) is non-Medicare (2-6)
      b. Coverage Type (COVTYPE) is Taft-Hartley (8).
    2. Payer is an HMO provider:
      a. Delivery System (DELVTYP) is non-HMO (2-4).
      b. Coverage Type (COVTYPE) is non-Medicare (2-6)

  HMO Fee for Service:
    1. Payer is an HMO provider.
    2. Coverage Type (COVTYPE) is non-Medicare (2-6).
    3. Delivery System (DELVTYP) is HMO (1 or 5).
    4. Service is not capitated (BILLTYPE = 1).

  HMO Capitated:
    1. Payer is an HMO provider.
    2. Coverage Type (COVTYPE) is non-Medicare (2-6).
    3. Delivery System (DELVTYP) is HMO (1 or 5).
    4. Service is capitated (BILLTYPE = 8).

  Medicare, All Types
    1, All services with Coverage Type 1 or 7.